

Controlled Substances (Pesticides) Regulations, 2017

APPLICATION FOR PEST MANAGEMENT TECHNICIAN'S LICENCE

This licence is **exempt** from the Goods and Services Tax (GST)

SA Health ABN: 97 643 356 590

Full Name: _____ Date of Birth: _____

Physical Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Postal Address: _____

Post Code: _____

Employer's Name: _____ Licence No.: _____

Licence Required

Full Please attach copies of relevant qualifications, and completed Photo ID form

OR

Limited Please fill in Limited Licence section below

Declaration by Applicant

I hereby apply for a licence authorising the use of the pesticides for the operations as indicated overleaf and declare that to the best of my knowledge, I am of sound health and I am not aware of any condition or disability that would prevent me from undertaking the type of work for which the licence is sought, and will abide by the *Controlled Substances (Pesticides) Regulations, 2017*.

Date

Signature of Applicant

APPLICATION FOR A LIMITED LICENCE ONLY

I hereby agree that I will be undertaking training in the prescribed course of instruction **as soon as possible** after the grant of this licence, and will complete this training during the currency of this licence.

Date

Signature of Applicant

Employer and Supervisor Licence Details and Declaration

Employer Name

Pest Controller's Licence No

Supervisor Name

Full Pest Management Tech. Licence No

We hereby certify that whilst a limited technician, the applicant will be employed, and will apply pesticides under the supervision of a full pest management technician who is authorised to use the pesticides to which this application relates.

Signature of Employer

Signature of Supervisor

Signature of Applicant

ENDORSEMENTS

Please tick only those for which relevant training has been or will be undertaken

Pest control operations to be performed

- Domestic & Commercial** (eg ants, spiders, rodents)
 - Including timber pests
 - Including control of birds
- Control of Weeds** (eg weeds only in crops, roadsides, orchards etc, but not Viticulture)
- Control of Weeds & Plant Pests** (eg weeds, plant pests & disease control in crops, roadsides, orchards etc, but not Viticulture)
- Viticulture** (pest control in vineyards, but must not give advice)
- Viticulture - Management** (pest control in vineyards, and can give advice)
- Aerial Agricultural Pest Control: Manned** (agricultural pilots only)
- Aerial Agricultural Pest Control: Unmanned** UAV authorised persons only)
- Vertebrate Pest Control** (eg rabbits, foxes)
- Fumigation** (soil, stack, silo)
- Fumigation** (ship)

Pesticide groups will be approved according to operations to be performed

Fungicides, Herbicides, Insecticides, Rodenticides,
Agents for Vertebrate Pest Control

Restricted pesticides

- Methyl Bromide
- Chloropicrin
- Telone (C35)
- Cyanogen (ethanedinitrile)
- Other Fumigants (please list)
- Arsenic trioxide (justification will be required)

FEES

Effective from 1/7/2021 to 30/6/2022

Full Pest Management Technician's Licence: 1 year \$88.00 OR 3 years \$264.00

Limited Pest Management Technician's Licence: 1 year \$88.00 (No 3 year option)

To apply for a licence:

- Return the form to **SA Health** using one of these methods:
 - Fax: 8226 6681;
 - Email: HealthControlledSubstances@sa.gov.au;
 - Post: CONTROLLED SUBSTANCES LICENSING
PUBLIC HEALTH
PO BOX 6
RUNDLE MALL 5000;
- Pay the required fee using one of these methods:
 - Credit Card (Visa/Mastercard only)**
Available online at: <https://www.bpoint.com.au/pay/sahealth/>
Billor Code: 1355973
Reference: NEW
 - Money Order**
 - Cheque** made payable to SA Health.

Licence fees are not refundable except at the discretion of the licensing authority

If you have any enquiries, please phone Controlled Substances Licensing on (08) 8226 7100

OFFICE USE ONLY

GRANTED BY: _____ DATE: _____

NOTES: _____



PHOTO IDENTIFICATION FORM

NOT REQUIRED FOR A LIMITED PEST MANAGEMENT TECHNICIAN'S LICENCE

A Full Pest Management Technician's identification card displays a photograph of the applicant. Identification cards are *not* issued with Limited Pest Management Technician or Pest Controllers' licences.

NOTE: A Full Pest Management Technician's licence can not be issued unless a photograph that meets the requirements listed below is provided.

Please include one colour photograph with this application, ensuring the following requirements are met:

The photograph *must be*:

- Not more than 6 months old
- If providing hard copy, not smaller than 35 x 45mm (usual passport size)
- Good quality colour with no ink or marks on the image
- Sharply focused, not blurred or unclear
- Full front view of head and shoulders
- Correctly endorsed by the witness (see below).

The witness *must*:

- Have known you for the past 12 months;
- Be 18 years of age or over;
- Complete their details and sign the declaration below.

This form and the photo must be sent together.

Witness Details

Full Name:

Postal Address:

..... Postcode:

Date of Birth: Telephone:

Declaration to be Signed by Witness

I declare that I meet the requirements listed above to make this declaration. I have sighted the photograph attached and confirm that it is a true photograph of the licence holder/applicant. I am satisfied that I have known the licence holder/applicant:

(Name of applicant) for a period of years and vouch for his/her identity.

Signature: Date:

Please forward this application, with payment of the appropriate fee, your photograph, and copies of relevant qualification certificates (if required) to:

Controlled Substances Licensing
PO Box 6 Rundle Mall
Adelaide SA 5000
Telephone: (08) 8226 7100